

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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FEC MAIL CENTER

12FE4M5

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

AnniePAC

ADDRESS (number and street)

1 Park Row, 5th Fl

☐

(Check if address
is changed)

Providence

RI

02903

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

fec@cfo-compliance.com

☐

(Check if address
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

none

☐

(Check if address
is changed)

2. DATE

12

08

2012

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

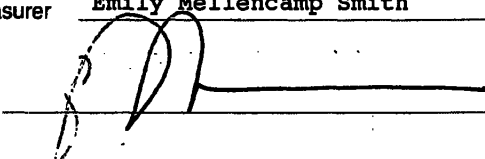
AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Emily Mellencamp Smith

Signature of Treasurer



Date

12

10

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
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Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

12030982206

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☒ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | | |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

12030982207

Write or Type Committee Name

AnniePAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Kuster for Congress, Inc.

Mailing Address

P.O. Box 1498

Concord

CITY

NH

STATE

03302

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☒ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Brett Smiley

Mailing Address

1 Park Row, 5th Fl

Providence

CITY

RI

STATE

02903

ZIP CODE

Title or Position

Deputy Treasurer

Telephone number

401

454

0990

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Emily Mellencamp Smith

Mailing Address

P.O. Box 1498

Concord

CITY

NH

STATE

03302

ZIP CODE

Title or Position

Treasurer

Telephone number

603

225

3327

12030982203

Full Name of
Designated
Agent

Brett Smiley

Mailing Address

1 Park Row, 5th Fl

Providence

CITY

RI

STATE

02903

ZIP CODE

Title or Position

Deputy Treasurer

Telephone number

401

454

0990

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address

457 Angell St

Providence

CITY

RI

STATE

02906

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030982209

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered

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☒ USPS First Class Mail

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☐ USPS Express Mail

Postmarked

☐ Postmark Illegible

☐ No Postmark

☐ Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery ☐

☐ Received from House Records & Registration Office

Date of Receipt

☐ Received from Senate Public Records Office

Date of Receipt

☐ Received from Electronic Filing Office

Date of Receipt

☐ Other (Specify):

Date of Receipt or Postmarked


PREPARER

12/17/12
DATE PREPARED

(3/2005)

12030982210